



University College London Hospitals MHS



NHS Foundation Trust

World Class Facilities Management





















Key Discussion Points



- What is World Class?
- Who is World Class?
- What does World Class mean to FM?
- How do we get there?
- How do we know when we are there?
- What difference will it make to **Buildings, services and Outcomes?**
- What will it feel like for Patients?





What is World Class?

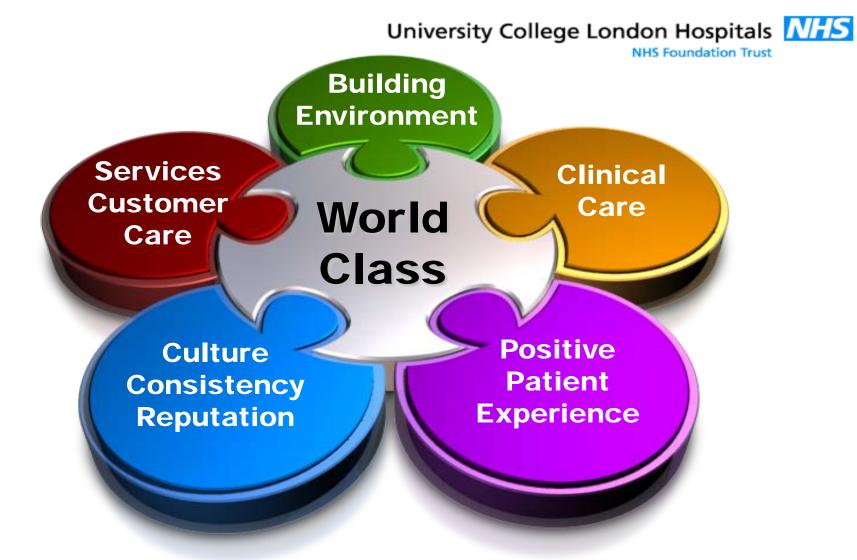


- Component Jigsaw
- **Many Views**
- **Common Elements**
- Glue Culture
- Glue Place
- Glue People
- Glue Process





World Class Components





Who is World Class?

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- **Industry Global Brands**
- **Academic Institutions**
- **Healthcare Establishments**























Nintendo





ĽORÉAL



UCLH – Scale and Form

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intellige

- International Reputation & Tradition of Innovation.
- Six Hospitals.
- £632M Turnover
- Contracts with 150 PCTs
- 6000 staff
- 500,00 Outpatients & 100,000 Inpatients per annum
- UCLP Europe's Largest Academic Health Science Partnership (1.5M patients PA)







Great Ormond Street NHS Hospital for Children





trust of the year



Academic Health Science Centres





- ✓ World Class Health Care Delivery System
- ✓ World Class Clinical Research
- ✓ World Class Clinical Education
- UCL Partners
- Imperial College
- **King's Health Partners**
- Cambridge University Health Partners
- Manchester AHSC









UCL, UCLH and partners:

- •#1 in Clinical Medicine outside of North America
- Neuroscience top in Europe & second in the World
- •Immunology second in Europe

UCL:

#4 in World University Rankings

(The-QS World University Rankings)

www.ucl.ac.uk

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2010 World Rankings

1 <u>University of Cambridge</u> United Kingdom

2Harvard UniversityUnited States

3Yale UniversityUnited

4UCL (University College London) United

Kingdom

5Massachusetts Institute of Technology (MIT)

United States

6<u>University of Oxford</u>United Kingdom



Our Strategic Objectives





- 1 Sustainable financial balance
- 2 Efficiency
- 3 Improve Patient Experience
- 4 Maintain High Performing Status
- 5 Develop Workforce and Education
- **6 Progress Capital Developments**
- 7 Respond to the London Strategy Review
- 8 Develop World Class R&D

Mission Statement

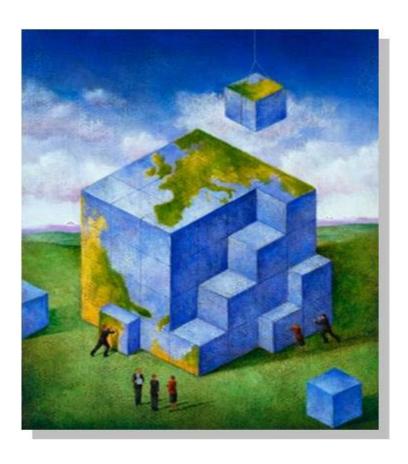
UCLH is committed to delivering top quality patient care, excellent education and World class research.



Building a World Class Culture



- **Clear Vision & Objectives**
- **Inspirational Leadership**
- **Early Adoption**
- Old methods/new building
- **Champions**
- First & Last Impressions
- **Moments of Truth**





What does World Class mean to FM?





- World Class Environments
- World Class Services
- World Class Support
- Winning Culture
- •World Class Facilities a new mindset
- Credit Crunch?
- More than a built solution.....



Aged Healthcare Estate









- Investment in building stock
- Estate Development 40% of total stock less than 15 yr. old by 2010
- •New build/refit/refurb
- Isolation/privacy/dignity/space



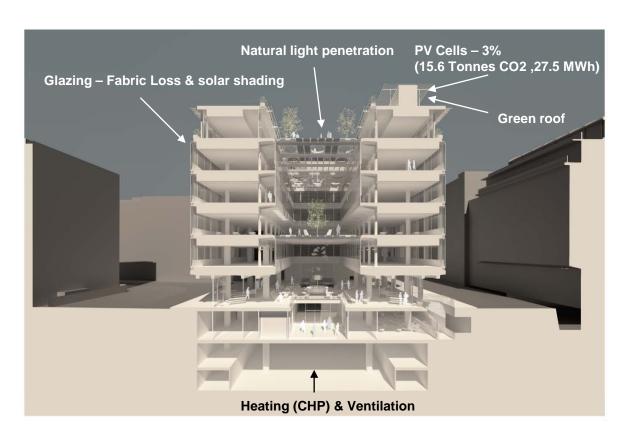


Design and Upgrade

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- Design Brief
- Material Selection
- Standardisation
- Comfort control
- Construction/Operation
- Whole Life View

'Design it in'



Trevor Payne - Director of Estates &Facilities

World Class Facilities



From Grateful

Patient to Critical

Customer

Media Stories



What hospital should be do.

1 Step prescribing so many antibiotics. The use of the antibiotic varieties with has increased 200-field and such overuse leads to buctoria hecoming revision to treatment Set up their own infection.

scottend rules 3 Make sure their staff always
4 Superove training for staff
on larw to reduce infectious

5 Involve consultants more in a estrolling hospital infection they should be setting an

example to junior discless 6 Give patients more guidance about hose to exclude their own risks thic the Radebile informacy in Oxford, which gives out heaflets)

7 Do not reuse equipment such as laparoscopy instruments

he dirty also matters worse, ee weeks in hospital ght the super-bug (methicilin resistant ylocoscus). Fortunalely

bacteria which lives in the nose of one-third of the population without causing harm.
The hospital did some swebs when my wounds started getting infected," says Michelle. "They were sore and were not healing very well. Helt sick constantly and at one stage vomited for 20 hours non-stop. When the test results a week build confirmed I had MRSA.

and a clearly strain of the

en she

Stothard

rough a home in

ospital. Satrici Christmas

was really upwet. Everyone who came to visit me had to war apports and gloves to

invoid cariching the intection and to one was allowed to touch me. "I was put into an estable norm straightaway and has to put the artitlecterial cream Bactroban up my nose three or four times a day. That to use the antiseptic

wash Aquasipp four times a day but I still had the infection for two months. It disappeared for three reks but came back lest week Playing the bug has mount doctors have had to delay

exerctions to give Michele a vital bone graff to strengthen her polyis as able could be more prone to a bone intention which could lead to an amputation. Michelle left hospital at the end of March but can still barely walk 20 metres and had to postpone her wedging from June to September.

"As a rainted know how easy it. can be for a partient with wounds to pack up an infection

and I wouldn't blame. the standard of cleaniness at the Royal Loudon for what has sappened to me. the says. But since qualified six years ago hospital live ene has got worse.

"We need national standards so nursica know the nace and

hospitals killing patients a year

Thousands of people every year are falling sick after a stay in hospital. We find out why - and how you can reduce the risk of becoming one of them...

patents can help by asking vestions with colds to stay away and not visit patients on other wants belomband."

Hospital infections cost the NHS E1 billion to treat each year. One in every 10 hospital patients in the UK will pick up a bug-100,000 patients will fall ill and 5000 will die from their infection.

Former agony aunt Claim Raymer blamed a dirty ward for an ear infection while in hospital having a pacemaker fitted. And a young man admitted to a Like hospital with pneumonia died

from materia when equipment used on a malana patient. waar't properly stertised. Some of these infections

are inevitable as the immure Systems of sick people are mon vulnerable and we are having more invasive operations like open heart surgery but experts believe that nearly a third could be prevented by better hygiena.

Kitter bugs like MRSA are carried in chief and cae fluo in it for up to eight weeks. The Government recently introduced standards for

deanliness in hospitals, It also stans to monitor the levels of mischion and publish the result so patients can find our how their

lacel lacquitate are performing. Dea May, of the intection Central Nurses Association, who hadpard charve up the move storic tards says. "Levels of cleantmeet fin hospitals] have deteriorated at recent years because of domestic services being contracted out and because responsibility for hygiene no longer lies with the nurse in charge of the ward. The seen dust under beds.

equipment dropped and left and dirty needles dumped in meal trays. We have these new standards will give patients a clauser word and will out down the number of infections people

What **you** should do

Be assertive with medical staff, if they're not wearing gloves ask why not C) Ask to be

from nospital as Soon as possible Spisopurage Spisitors who have

bean in contact with infections like chicken Dox and flu in the past we to three weeks.

4 Make sure all visitors have washed their hands 5 Ask to see the hospitals infection control nurse if you have any concerns 6 Seeled up your

before being admitted to hospital by eating properly

For more help • Call the Patients Association (tel: 020 8423 8999) for advice if you think you've caught an intection in heapital Write to the infection Control Nurses



Fitwise, Drumcross Hall, Bathgate EH48 4JT, for information on the hygiene





Design and upgrade

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How do we get there?

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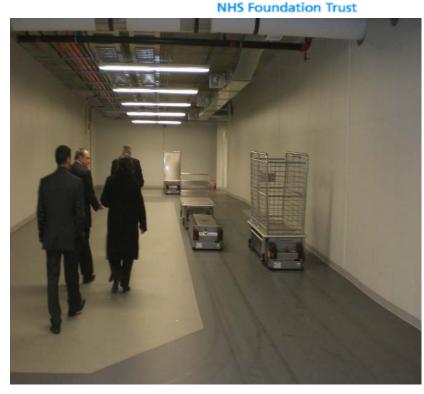




Key FM Elements



- **Partnership**
- Culture
- Complete solution
- Lessons learned
- First & last impressions
- Flexibility and Resilience
- Evidence based multi sector
- Innovation pushing boundaries





What do FM Directors Want?



- Basics to be right
- Support Delivery of Healthcare
- Continuous Improvement Indicators
- Safe pair of hands Stay Out of Jail
- Solutions not problems
- Efficient Back Office
- Evidence





FM & Nursing - Shared Agenda, Shared Solutions





NHS Carbon

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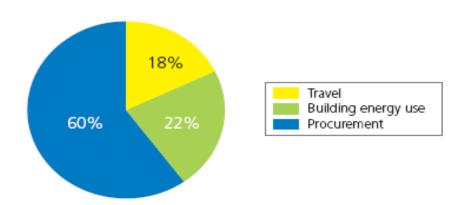
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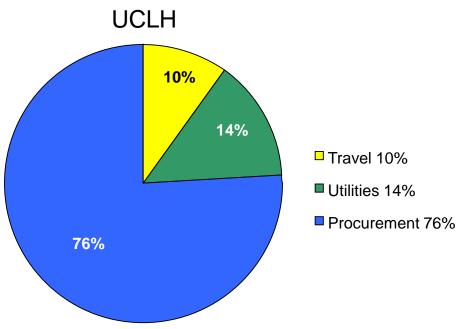
NHS Carbon Footprint – First Calculation 2008

Equates to 25% of UK Public Sector Emissions

3.2% of Total UK Carbon Emissions **Broken into three sectors:**

Travel:	3.41 MtCO ₂	(18%)
Building energy:	4.14 MtCO ₂	(22%)
Procurement:	11.07 MtCO ₂	(60%)







Direct/Indirect Carbon

Within the NHS there is also a University College London Hospitals WHS

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growing awareness of the indirect carbon impact that healthcare can generate





Staff Patients Visitors

Own Transport



Pharmaceuticals



Food



Laundry



Waste







Proton Beam Cyclotron and Gantry

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How do we know when we are there?







- External Validation and Monitoring
- NHS Premises Code
- Peer Review / Word of Mouth
- 'It feels Right'
- Surveys Patient/Staff Admission/Discharge
- First/Last Impressions
- The 'MMT'



What difference will it make to Buildings / **Services and Outcomes?**



- Positive or negative impact
- Getting basics right consistently
- MRSA & Hygiene
- Efficient
- Way finding ease of use
- Web sites & publications virtual tours
- Sustainable FM
- Transport & Access
- Moments of Truth
- World Class Portal



